

ADOPTIVE PLACEMENT SUPERVISORY REPORT
Michigan Department of Human Services

Court File Number

"Click and Type agency name and address here"

Child(ren)'s Adoptive Name (s):

DOB:

"Click Here and Type"

Placement Date:

County:

Adoptive Parent Name(s):

Adoptive Parent's Address:

Adoptive Parent's Phone Number:

Adoption Worker:

Report Date:

Report Period:

Date of next post termination review hearing:

Dates of Contact

With Whom

Type (phone, etc.) and Reason:

"Click Here and Type"

Circumstances Leading to the Adoptive Placement:

Child's Adjustment to the Adoptive Placement:

Adoptive Family's Adjustment to the Placement:

Plans and Services required to assist the Family (if necessary):

Recommendations:

Adoption Worker Signature

Printed Name

Date

Adoption Supervisor Signature

Printed Name

Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Cc: Court Issuing Placement Order
Court of commitment (if different)
DHS Adoption Monitor (if applicable)